Effective October 1, 2003 1078 3227														
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT														
TOTAL CLAIMS			23	28				RATE		FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE	385.00	OR	BASIC FEI		
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6		1	XS 9=			OR	XS18=	108	
INDEPENDENT CLAIMS			5 minus 3 =		* . *	2		X43=		· · .	OR	X86=	172	
М	ULTIPLE DEPE	NDENT CLAIM P	PRESENT								1	+290=	170	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	4	·	OR OR	TOTAL	1051)	
OTHER TO														
\ -	(Column 1) (Column 2) (Column 3)													
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	-24	Minus	- 9	0	= '] [· X\$ 9=	I		OR	X\$18= ,		
AME	Independent	• S	Minus	7	· · · · · · · · · · · · · · · · · · ·	=	↓ [X43=	T		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		1	OR	+290=		
17132025								TOTA		+		TOTAL		
	•	(Column 1)		(Colum	n 2)	(Column 3)	•	DDIT. FEI	E L _		,	ADDIT. FEE	+	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•• .	٠.	5		X\$ 9=			OR	X\$18=		
AME	Independent	NTATION OF ME	Minus	***	N A 11 A	<u></u>		X43=	T		OR	X86=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=		
								TOTAL			OR ,	TOTAL DDIT, FEE		
		(Column 1)		(Column	n·2)	(Column 3)	_				*			
E L	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	F	X\$ 9=			OR	X\$18=		
	Independent		Minus	***		*	╽┠	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Ī			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** OR +290= ** TOTAL OR FOR FOR FOR FOR FOR FOR FOR FOR FOR														
1	the Highest Nur	nber Previously Pai tber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is I	ess than	3. enter "3." -	~	OIT. FEE	prop			DOIT. FEE L		
	070 97 (On 10													

Application or Docket Number